



*"Service with Excellence
and Integrity"*

Arkansas Department of Community Correction

Two Union National Plaza Building

105 West Capitol, 2nd Floor

Little Rock, Arkansas 72201-5731

(501) 682-9510 Fax: (501) 682-9513

ADMINISTRATIVE DIRECTIVE: 07-01 TRANSITIONAL HOUSING FACILITY LICENSE

TO: DEPARTMENT OF COMMUNITY CORRECTION EMPLOYEES

FROM: G. DAVID GUNTARP, DIRECTOR

SUPERSEDED: AD 05-11

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APPROVED: Signature on File

EFFECTIVE: FEBRUARY 10, 2007

I. APPLICABILITY. This policy applies to Department of Community Correction (DCC) employees and applicants for a Transitional Housing Facility License (License).

II. POLICY. It is DCC policy that transitional housing facilities and programs that provide services to DCC offenders meet the licensing standards established in Administrative Regulation 7.8, "Transitional Housing Program," to ensure a structured, positive, and safe environment for offenders remanded for various transitional housing services and for the safety of the community.

III. DEFINITIONS.

A. Transitional Housing. Transitional housing is a DCC licensed program that provides housing for one or more offenders who have either been transferred or paroled from the Department of Correction by the Parole Board or placed on probation by a circuit or district court. An offender's home or the residence of an offender's family member shall not be considered a transitional housing facility for purposes of this regulation.

B. License. Arkansas Transitional Housing Facility License

C. Applicant. Any individual, business, or organization that has applied to receive an Arkansas Transitional Housing Facility License.

IV. PROCEDURES.

A. Application.

1. The Chief Deputy Director will ensure that a current application (DCC Form 101) for a License is accessible to the public and maintained on the DCC website.
2. Applicants may contact the nearest Transitional Housing Review Team (THRT) located at one of the Area Offices listed on Attachment 1, or visit the DCC website for a License application. The Parole/Probation Manager will arrange and facilitate a THRT meeting to review applications, as necessary.
3. Applications and documents submitted to the DCC for consideration for licensing will not be returned.
4. A program that provides housing for one (1) or more offenders that is otherwise accredited, licensed, or approved by an appropriate oversight body, as determined by the DCC Director, shall automatically be issued a Transitional Housing License with a waiver of the application fee.

B. Transitional Housing Review Team (THRT).

1. The Assistant Directors for Parole/Probation will facilitate establishment and maintenance of a THRT for each Parole/Probation Area, to include the following: An Assistant Director of P/P Services, Parole/Probation Manager of P/P Treatment Services, 2 local P/P officers and 1 Substance Abuse Program Leader.
2. The THRT will receive and review license applications and documentation, perform onsite visits and inspections (initial and periodic, announced and unannounced), review reports of critical incidents involving or concerning DCC offenders, and make objective recommendations (using DCC Form 101) to the Deputy Director of Parole/Probation Services.
3. The THRT will conduct ACIC/NCIC and eOMIS queries to verify the criminal status of individuals operating, managing, supervising, overseeing and/or in ownership of the housing facility and to determine whether they are currently under a sentence or probation supervision for a felony offense.
4. THRTs will forward favorable and unfavorable licensure recommendations to the Deputy Director of Parole/Probation Services for review and action.
5. The Deputy Director of Parole/Probation Services will perform the following:
 - a. Review license recommendations,

- b. Obtain the Director's approval and signature and issue 12 month initial and renewal licenses to eligible applicants, in accordance with Administrative Regulation 7.8, "Transitional Housing Program,"
- c. Notify appropriate applicants and licensees in writing of licensure decisions, any specific requirements that were not met, decisions on appeals, and license fee changes, and
- d. Prepare appeals for the Director's review and Board of Corrections (BOC) action.

C. Collaboration. The following is established to gain continuity and coordination in the management of transitional housing arrangements for DCC offenders:

- 1. Parole/Probation Managers will assign and maintain assignment of a parole/probation officer (others as needed) to manage cases and coordinate with staff at transitional housing facilities or programs, as necessary.
- 2. DCC and transitional housing staff will communicate positive drug/alcohol test results as soon as possible.
- 3. The DCC parole/probation officer assigned to a transitional housing facility will investigate and report findings of any complaints, observed or suspected non-compliance with rules, policies, laws and/or regulations to the THRT for further action.
- 4. Transitional housing staff will respond to and notify the DCC supervision officer of such requests as subpoenas, court orders, search and arrest warrants.
- 5. Transitional housing staff will honor DCC travel passes and immediately report violations of travel restrictions to the DCC supervision officer.
- 6. Transitional housing staff will transmit written reports of offender progress (positive and negative) to the assigned supervision officer each month.
- 7. Transitional housing staff will immediately report an offender's violent and threatening behavior, endangering others, and awareness of an escape or abscond from the facility.
- 8. Transitional housing staff will, when possible, give prior notice to the parole/probation officer or Manager of any intentions to dismiss an offender from the facility.
- 9. Transitional housing staff will contact the DCC supervision officer and document all rule infractions or incidents warranting discharge of a DCC offender. Such incidents are serious, life threatening or violent, and may warrant local law

enforcement and supervising officer contact. Immediate dismissal is appropriate for acts of violence (verbal/physical and destruction of property), sexual assault and substance abuse.

10. The Deputy Director of Parole/Probation Services shall ensure that licensed Transitional Housing facilities document staff training and compliance with the Prison Rape Elimination Act (PREA).

- D. Licensure Requirements.** Applicants must satisfy 100% the requirements and Standards established in AR 7.8, “Transitional Housing Program” to receive a License or license renewal to provide or continue the provision of transitional housing to DCC offenders.
- E. Fees.** As established by the Board of Corrections (7/22/05), the non-refundable license application fee is \$250 for the initial license and \$100 for each subsequent annual renewal application of an existing license, unless the fee has been waived in accordance with the provisions of AR 7.8, “Transitional Housing Program.”
- F. Monitoring for Compliance.** The Deputy Director for Parole/Probation must establish procedures for at least annual monitoring of providers licensed by DCC to operate as transitional housing facilities. Monitoring reports should be electronically forwarded to the Deputy Director of Parole/Probation Services and appropriate action taken concerning the findings.
- G. ADA Compliance.** The Chief Officer of the transitional housing facility must provide written assurance that the services operated will be in compliance with Title III of the ADA.
- H. Equal Opportunity.** Transitional housing facilities and services must be provided without regard to race, creed, color, gender, religion, age, national origin, disability or other biases prohibited by State or federal law.
- I. Display of License.** The Arkansas Transitional Housing Facility License must be displayed in or near the entrance of the facility at all times.
- J. Appeals.** An appeal of a licensing decision must be submitted in writing within 15 days of the initial decision. The appeal must be submitted to the DCC Director on the agency’s letterhead and must include the date of application, the THRT location that accepted the application, and the agency’s justification for requesting reconsideration. A response will be provided within 15 days of receipt of BOC action. The decision of the BOC is binding.

V. ATTACHMENT/FORMS.

Attachment 1 Transitional Housing Review Team Locations List

Application for Arkansas Transitional Housing Facility License, AD 07-01, Form 1

**Arkansas Department of Community Correction
Transitional Housing Review Team Locations**

Area 1

Parole/Probation Manager
703 SE "J" Street
Bentonville, Arkansas 72712
Phone: (479) 464-0735
Fax: (479) 464-0830

Area 2

Parole/Probation Manager
801 South Pine Street, Suite 1
Harrison, Arkansas 72601
Phone: (870) 741-3228
Fax: (870) 741-0028

Area 3

Parole/Probation Manager
401 West Vine
Searcy, Arkansas 72143
Phone: (501) 279-7990
Fax: (501) 279-9156

Area 4

Parole/Probation Manager
511 Union Street, #230
Courthouse Annex
Jonesboro, Arkansas 72401
Phone: (870) 935-7290
Fax: (870) 972-0910

Area 5

Parole/Probation Manager
805 Garrison
Fort Smith, Arkansas 72901
Phone: (479) 785-2664 - Parole
Phone: (479) 782-2123 - Probation
Fax: (479) 782-3146

Area 6

Parole/Probation Manager
1014 Main Street
Conway, Arkansas 72032
Phone: (501) 327-3256
Fax: (501) 327-3299

Area 7

Parole/Probation Manager
720 West Third Street
Little Rock, Arkansas 72201
Phone: (501) 371-0420
Fax: (501) 371-1566

Area 8

Parole/Probation Manager
1421 East 9th Street
Little Rock, Arkansas 72201
Phone: (501) 324-9176
Fax: (501) 324-9183

Area 9

Parole/Probation Manager
409 North Rosser, Suite B
Forrest City, Arkansas 72335
Phone: (870) 630-1667
Fax: (870) 630-1746

Area 10

Parole/Probation Manager
127 West Page Avenue
Malvern, Arkansas 72104
Phone: (501) 337-7973
Fax: (501) 337-9673

Area 11

Parole/Probation Manager
2801 South Olive, Suite 6-D
Pine Bluff, Arkansas 71601
Phone (Probation): (870) 850-8950
Fax: (Probation) (870) 850-8967
Phone (Parole): (870) 535-7244
Fax (Parole): (870) 536-4924

Area 12

Parole/Probation Manager
601 Hazel, Suite 6
Texarkana, Arkansas 71854
Phone: (870) 779-2000
Fax: (870) 779-2043

Area 13

Parole/Probation Manager
1024 Washington NW
Camden, Arkansas 71701
Phone: (870) 837-1140
Fax: (870) 837-1308

Check One: ☐ **NEW APPLICATION** ☐ **RENEWAL** **APPLICATION DATE:**

Address: _____

Street City State Zip

Administrator/Director: _____

| | |
|----------------------|----------------|
| Name (Print or Type) | Official Title |
|----------------------|----------------|

| | | |
|-------------|--------------|---------------|
| Telephone # | Cell Phone # | Email Address |
|-------------|--------------|---------------|

Contact Person: _____

Name (Print or Type) Official Title

| Telephone # | Cell Phone # | Email Address |
|-------------|--------------|---------------|
|-------------|--------------|---------------|

| Type | Licensed By | License Number | Date |
|------|-------------|----------------|------|
| Type | Licensed By | License Number | Date |
| Type | Licensed By | License Number | Date |

| # of MALE Rooms: | # of FEMALE Rooms: | # of MIXED Rooms: | = TOTAL CAPACITY: |
|---------------------|-----------------------|----------------------|---------------------------------|
| | | | |

Facility Handicapped Accessible: ☐ YES ☐ NO RATIO of Counselors to Clients

Meals Served: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Daily Other: _____

| | |
|------------|-----------------|
| Contractor | Type of Service |
| Contractor | Type of Service |

PROGRAMS PROVIDED

| | | |
|------------------------|--------------------------|--------------------------|
| Drug/Alcohol Treatment | <input type="checkbox"/> | <input type="checkbox"/> |
| Drug/Alcohol Education | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual Counseling | <input type="checkbox"/> | <input type="checkbox"/> |
| Group Counseling | <input type="checkbox"/> | <input type="checkbox"/> |
| Life Skills Program | <input type="checkbox"/> | <input type="checkbox"/> |
| 12-Step Programs | <input type="checkbox"/> | <input type="checkbox"/> |
| Parenting | <input type="checkbox"/> | <input type="checkbox"/> |
| Anger Management | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER: (1)

| | | |
|----------------------------------|--------------------------|--------------------------|
| Employment Assistance | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental Health Services | <input type="checkbox"/> | <input type="checkbox"/> |
| Support Services (e.g. Medicaid) | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical Services | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Services | <input type="checkbox"/> | <input type="checkbox"/> |
| Transportation | <input type="checkbox"/> | <input type="checkbox"/> |
| Resident Parking | <input type="checkbox"/> | <input type="checkbox"/> |
| Laundry Services | <input type="checkbox"/> | <input type="checkbox"/> |
| Resident Kitchen Privileges | <input type="checkbox"/> | <input type="checkbox"/> |

(2) (3) (4)

Date: _____

Please list the name, position, date of birth, social security number, race and sex (m-male/f-female) of each person who will provide services at the transitional housing facility upon licensing. Attach additional pages, as needed.

[illegible]

Date

Agency: _____

The attachments indicating proof of compliance should be numbered and coincide with the ones listed below. Submit applications & documentation to the nearest Parole/Probation Manager for processing.

| ATTACHMENTS | COMMENTS | YES | NO |
|--|----------|--------------------------|--------------------------|
| 1. Nonrefundable license fee enclosed | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Copies of Certificates of Compliance and/or satisfactory inspections from local authorities: | | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Building Code | | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Health Code | | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Housing Code | | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Safety Code | | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Food Service (as appropriate) | | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Fire Code | | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Plumbing Code | | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Electrical Code | | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Zoning Ordinance (Conditional or Special Use Permit accepted) | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Copy of Business License or Proof of 501C(3) status | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Transportation provided, proof of adequate automobile insurance and first aid kits, fire suppression equipment & successful completion of training on its use attached. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Proof of liability and premise insurance. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Itemized list of fees (in dollar amts, one-time/monthly) assessed or charged offenders | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Itemized list of violation fines, and other charge(s), in dollar amounts, assessed or charged offenders. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Itemized list of products and the cost of each that will be sold to offenders residing in the housing facility. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Proof of vehicle safety inspections by qualified individuals in accordance with state statutes for vehicles owned, leased, or used in operation of the housing program. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ex-offenders\employed by the facility have proof of discharge from felony sentence. | Name(s): | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Copy of Red Cross or American Heart Association certifications of staff qualified to perform CPR & First Aid. | | <input type="checkbox"/> | <input type="checkbox"/> |
| Copies of Policies/Procedures that address the following: | | | |
| 12. Facility Disaster Plan, including evacuation procedures, documented drills, and contingency plan for continued treatment or programming in the event of a disaster. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Response to subpoenas, court orders, search, and arrest warrants. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Immediate notification of DCC staff when an offender escapes or absconds from the facility. | | <input type="checkbox"/> | <input type="checkbox"/> |

Agency: _____

| ATTACHMENTS | COMMENTS | YES | NO |
|--|----------|--------------------------|--------------------------|
| 15. Offender records are uniform in format and content, and are bound to prevent accidental loss. All entries are chronologically listed and signed or initiated. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Release of pertinent medical information to medical personnel providing care in life-threatening situations and the offender's condition or situation precludes the possibility of obtaining the offender's or administrator's written authorizations if obtaining such authorization would cause excessive delay in delivering medical attention. Policy requires the person releasing the information to document the details of what, when, to whom, and why the information was released and inform the offender of the release. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Copy of the facility's Policies/Procedures safeguarding confidential offender information (especially concerning substance abuse, mental and personal health) from unauthorized access and/or disclosure. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Transitional housing policy and procedures require. | | | |
| (a) When disclosing offender information pursuant to a written consent to release information, written notice of prohibition of re-disclosure is also provided. Such releases become a permanent part of the offender record. | | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Transitional staff to make written reports at least monthly of offender progress (positive and negative) to the assigned supervision officer, unless the offender exhibits violent and threatening behavior, endangering others, in which case, immediate notification is appropriate. | | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Prior notice (when possible) of any intentions to dismiss an offender from the program facility. | | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Transitional staff to contact the assigned DCC officer before dismissing an offender from the transitional housing facility. Policy also requires all incidents and/or rule infractions to be documented in the offender's progress notes prior to any discharge action, unless the incident is a life threatening or violent situation. Such violent situations warrant local law enforcement and supervising officer contact. | | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Prior authorization from DCC, court, or Parole Board before accepting DCC offenders into the transitional housing facility/program. | | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Transitional housing facilities and services are provided without regard to race, creed, color, gender, religion, age, national origin, disability or other biases prohibited by State or federal law. | | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Denial of out of county weekend travel or special passes for an offender unless approved by DCC staff. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Rules attached that allow immediate dismissal for acts of violence verbal/physical, and destruction of property), sexual assault, and substance abuse. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Copy of policies/procedures on adherence to the Prison Rape Elimination Act (PREA) | | <input type="checkbox"/> | <input type="checkbox"/> |

Agency: _____

| PHYSICAL PLANT ASSURANCES | | | |
|--|----------|--------------------------|--------------------------|
| REQUIREMENT | COMMENTS | YES | NO |
| 21. Evidence of curfews and house rules to include enforcement. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Adequate space in sleeping rooms for the number of occupants. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Individual storage is available for clothes and personal items. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Telephone lines allow for electronic monitoring of offenders. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Male and female bedrooms and bathrooms are separate with adequate barriers between. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. The number of toilets, sinks, and showers are adequate for the number of occupants. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. If the facility is a private residence, it has a separate entrance to an exclusive service area for DCC residents. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Facility is clean and presentable. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Adequate laundry facilities are on the premises or within a reasonable distance from the facility. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Evidence of curfews and house rules (including enforcement) is visible. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Noticeable signs posted at the entrance that weapons are prohibited except for law enforcement officers or officials pursuing their lawful duties. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Facilities are adequately equipped with first aid supplies and fire suppression equipment. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Vehicles used to transport offenders are adequately equipped with first aid and fire suppression equipment. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Offender files are secured and inaccessible to unauthorized individuals. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Evidence that the facility is accessible to offenders 24 hours daily. | | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Evidence that staff are present during structured activities | | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. The agency's chief officer's statement is attached assuring operation of services in compliance with Title III of the ADA. | | <input type="checkbox"/> | <input type="checkbox"/> |

DCC STAFF USE ONLY Received by: _____ Date: _____

THRT AREA _____ THRT Recommendation: ☐ Approval ☐ Denial Date: _____Application Complete?: ☐ Yes ☐ No P/P Assistant Director Signature: _____

Comments to include reasons if recommending denial: _____

☐ Reviewed P/P Deputy Director Signature: _____ Date: _____☐ APPROVED ☐ DENIED Director's Signature: _____ Date: _____